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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *ICR*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *VR*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/28/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	5	20	2
Verified and Acknowledged	<i>Z</i> <i>JR</i> Examiner's Signature	Initials <i>3/17/06</i>			

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## TITLE

Recovery of global history vector in the event of a non-branch flush

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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